



Nevada Division of Insurance

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**Third Party Administrators (TPA) CHECK LIST for use with the Annual Report as required by NRS 683A.08528.
Report is due July 1 of each year.**

(Please Print or Type)

Business Entity Name	FEIN
	Nevada TPA License Number
	Fiscal Year End

<input type="checkbox"/> Type (1) Life & Health	<input type="checkbox"/> Type (2) Self-Funded Health Benefit Program
<input type="checkbox"/> Type (3) Self-Funded Employer Program for Workers' Compensation	<input type="checkbox"/> Type (4) Workers' Compensation

Pursuant to NRS 683A.08528, each Third Party Administrator must file a report with the Commissioner. The report must include the information indicated below. Pursuant to NRS 683A.0892(1)(b)(8) and (e), the Commissioner may suspend or revoke the certificate of registration of the administrator and /or may impose a fine of \$2,000 for each act or violation.

- NRS 683A.08528**
1. Not later than July 1 of each year, each holder of a certificate of registration as an administrator shall file with the Commissioner an annual report for the most recently completed fiscal year of the administrator. Each annual report must be verified by at least two officers of the administrator.
2. Each annual report filed pursuant to this section must include all the following:
- (a) A financial statement of the administrator that has been reviewed by an independent certified public accountant.
 - (b) The complete name and address of each person, if any, for whom the administrator agreed to act as an administrator during the most recently completed fiscal year of the administrator
 - (c) Any other information required by the Commissioner.
3. In addition to the information required pursuant to subsection 2, if an annual report is prepared on a consolidated basis, the annual report must include a columnar or combining worksheet that:
- (a) Includes the amounts shown on the consolidated financial statement accompanying the annual report;
 - (b) Separately sets forth the amounts for each entity included in the worksheet; and
 - (c) Includes an explanation of each consolidating and eliminating entry included in the worksheet.
4. Each administrator who files an annual report pursuant to this section shall, at the time of filing the annual report, pay a filing fee in an amount determined by the Commissioner.
- ... (Emphasis added)

I am the contact person for the Third Party Administrator and on behalf of the administrator acknowledge that I understand that failure to provide the required annual report by July 1 of each year, may subject the administrator to suspension, revocation, and/or fines of \$2,000 for each act or violation.

Have you attached the officer's verification, audited financials & client list?	<input type="checkbox"/> Yes
If the financials are consolidated, does the report include a columnar or combining worksheet?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Have you attached the \$25 filing fee made payable to the Nevada Division of Insurance?	<input type="checkbox"/> Yes
Date:	Signature:
Contact person's Phone Number:	
Contact person's Fax Number:	
Printed Name and Title of the person completing this Check List:	

This section for Division Use Only:

Was the report received timely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	** If not why not? _____
Were the financials audited?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was the client list attached and complete?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was the \$25 filing fee provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was the report certified by two officers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did the report comply with NRS 683A.08528?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	** Please attach a copy of the notification.
Was the TPA notified of deficiencies?	<input type="checkbox"/> Yes		

Reviewed by: _____ Date: _____

NAC 683A.119 Determination of whether the administrator or applicant is financially unsound. Additional review required.

(1) Is the sum of the TPA's assets less than the sum of its liabilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a recurring operating loss?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a negative cash flow from operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Has there been a significant decrease in assets within a fiscal year or over a period of years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Reviewed by: _____ Date: _____

Comments: _____

Questions: Contact the Division's Producer Licensing Section in Carson City at (775) 687-0700, option 1, or in Las Vegas at (702) 486-4595 or anywhere in Nevada toll free at (800) 992-0900.

Nevada's Statutes, Regulations, Forms, Instructions and Required Industry Reports are located on the Division's Web site at www.doi.nv.gov.